



21649

PATENT  
1300-1-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Lawson et al.

SERIAL NO. : 09/674,722

EXAMINER : Amy M. DeCloux APR 11 2003

FILED : June 27, 2001

ART UNIT : 1644

TECH CENTER 1600/2900

FOR : Chimeric Receptors

Certificate of Mailing Under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231 on April 2, 2003.

Betty Schultz  
(Name of Depositor)

Betty Schultz 4/2/03  
(Signature and Date)

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

☒ The fee has been calculated as shown below.

☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

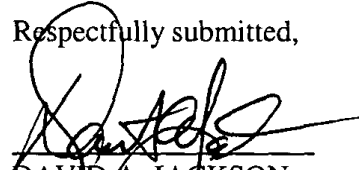
Claims as Amended

| (1)                | (2)<br>Claims<br>remaining<br>after<br>amendment | (3)   | (4)<br>Highest<br>number<br>previously<br>paid for | (5)<br>Present<br>extra                    | (6)<br>Rate | (7)<br>Additional<br>Fee |
|--------------------|--|-------|--|--|-------------|--------------------------|
| Total Claims       | 23   | Minus | 20 =   | 2 x  | \$18        | =54.00                   |
| Independent Claims | 3  | Minus | 3 =  | 0 x  | \$84        | =0.00                    |
|                    |  |       |  | Total additional fee for<br>this amendment |             |                          |

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
 \*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280/\$140 has been previously paid ☐ , or is paid herewith ☐ .
- ☒ This response is being filed within the ☐ first month, ☐ second month, ☐ third month, ☐ fourth month, ☐ fifth month following the expiration of the term originally set therefor, and the fee of ☐ \$110/\$55; ☐ \$410/\$205; ☐ \$930/\$465; ☐ \$1,450/\$725; ☒ \$1,970/\$985 for the requisite extension is due and ☒ paid herewith.
- ☒ A check in the amount of \$ 2,024.00 is attached.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 11-1153.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 11-1153. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

  
 DAVID A. JACKSON  
 Attorney for Applicant(s)  
 Registration No. 26,742

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Date: April 2, 2003